



## Provider Communication

<b>Subject:</b> PA for Remicade	<b>Priority:</b> <b>High</b>
<b>Date:</b> February 12, 2010	<b>Message ID:</b> ACSBNR02122010_1

***Dear Providers,***

Effective for dates of service on and after February 1, 2010, all doses of the injectable drug, Remicade (J1745—Infliximab), when administered in the provider's office or outpatient clinic, will require prior approval (PA) before the service is rendered.

PA requests for injectable drugs must be submitted via the Georgia Health Partnership (GHP) Web Portal. The PA request must include applicable clinical information along with the corresponding ICD-9 diagnosis, CPT and the correct HCPCS code and 11-digit National Drug Code (NDC) number combination. Incomplete requests may be delayed or denied for insufficient information. Failure to obtain a PA will result in denial.

The process for obtaining a PA and other requirements are outlined in the PIDL. The PIDL and other resource policy manuals can be accessed on the GHP website at [www.ghp.georgia.gov](http://www.ghp.georgia.gov).

For additional questions please contact the GHP Provider Inquiry line toll free at 800-766-4456.